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PTO/SB/21 (08-03) Approved for use through 07/31/2008. OMB 0651-0031

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Under the Paperwork (1025		Application Number	09/843,279	
		Filing Date	4/24/2001	
TRANSMITTAL		First Named Inventor	M. Klvanc Mihcak	
FORM		Group Art Unit	2132	
(to be used for all correspondence after initial filing)		Examiner Name	JUNG W KIM	
11		Attorney Docket Number	M\$1-792US	
Total Number of Pag	es in This Submission   FNCL OSI	RES (check all that apply)		
Fee Transmittal Fo	Lice Petil Prov claration(s) Request Ment Request Sure Statement Priority CD, ing Parts/	ion to Convert to a islonal Application er of Attomey, Revocation nge of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Raply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):	
· · · · · · · · · · · · · · · · · · ·	SIGNATURE OF AP	PLICANT, ATTORNEY, O	R AGENT	
Firm or Individual Name  Signature  Date  Kasey C. Christie/Reg. No. 40559				
CERTIFICATE OF TRANSMISSION/MAILING				
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Signature	Cheren -	Down	Date 1-7-2005	

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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES **FILING FEES** Small Entity Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (5) Fee (\$) **Application Type** Fee (\$) Fee (5) 200 100 500 250 300 150 Utility 65 100 50 130 100 200 Design 160 80 300 150 100 200 Plant 600 300 500 250 150 Reissue 0 200 100 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) 50 0 HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Extra Claims Fee (\$) indep, Claims 200 \_0 - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Sheets Total Sheets \_ (round up to a whole number) 🛛 🗴 - 100 = Fees Paid (\$) 4. OTHER FEE(S) \$130 fee (no small entity discount) Non-English Specification, SUBMITTED BY

PLL

Tetephone (509) 324-9256 Registration No. 40559 Signature (Attorney/Agent) Date Name (Print/Type) Kasey Z. Christie

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PLL

Application Serial No	09/843,279
Filing Date	4/24/2001
Inventorship	Mihcak et al.
Applicant	Microsoft Corporation
Group Art Unit	2132
Examiner	Kim. Jung
Examiner	MS1-792US
Attorney's Docket No. Title: Derivation And Quantization Of Robi	ust Non-Local Characteristics For Blind
Watermarking	

## RESPONSE TO OFFICE ACTION DATED 11/8/2004

To:

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From: Kasey C. Christie
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Serial No.: 09/843,279
Atty Docket No.: MS1-792US
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1230041057 G:WS1-01792usWS1-792us.m02.doc any: Kasay C, Christia